	[1993] 그래에서 그릇 하는 마다지는 1502년:	AND HUTTON SERVICES & MEDIC D SERVICES	454	£ 8,13/11		0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		445167	B. WING		06/2	9/2011
NAME OF F	ROVIDER OR SUPPLIER	M		ET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CA	RE CENTER OF CRO	SSVILLE		JUSTICE ST ROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	IQULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS	F 000			
F 281 SS=D	investigation #2821 Center of Crossville No deficiencies we #28214 under 42 C Requirements for L 483.20(k)(3)(i) SEF PROFESSIONAL S	ong Term Care Facilities.	F 281		* * * * * * * * * * * * * * * * * * *	
	by: Based on medical and interview, the fi physicians orders for residents reviewed. The findings include Resident #2 was ac November 26, 2006 Failure to Thrive, S and Depression. R Set (MDS) dated M resident had severe non-ambulatory, and personal hygiene a Review of the resident dated May 4, 2011, risk for falls. Review dated November 18	Int		F - 281 A. What corrective action(s) will be for those residents found to have to On 6/28/11, CNA applied hipsters wheelchair for resident #2. On san applied heel protectors and floated resident #13. B. How will you identify other resid having the potential to be affected the same deficient practice and whaction will be taken? Audit of residents was completed unit managers to ensure complianchysician orders for pressure reliebed/chair/other. Corrections were inceeded.	eeen affected: and cushion in ne date, ADON heels for ents by nat corrective \$(28/11 by RN) ce with ving products in	B/8/2011 B/B/2011
ABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		(X6) DATE

Executive Director

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 07/05/2011

DEPARTMENT OF HEALTH AND HUM N SERVICES CENTERS FOR MEDICARE & MEDIC. SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		PLE CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY TED
		445167	B. WII	1G _		06/29	9/2011
	ROVIDER OR SUPPLIER	SSVILLE		80	REET ADDRESS, CITY, STATE, ZIP CODE 10 JUSTICE ST CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ıx	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 281	integrity dated Noveresident had potent "Place pressure in bed/chair/other" Review of the Physicapitulation order 30, 2011, revealed worn at all times" (wheelchair) with complete the resident in the second in the sec	ent's care plan for skin ember 15, 2010, revealed the tial for skin breakdown and elieving product on sician's Orders (the monthly rs) dated June 1 through June "Hipsters (hip pads) to be and "Place in w/c ushion when out of bed" resident on June 27, 2011, at e 28, 2011, at 2:45 p.m ent up in the wheelchair without at the use of the cushion in the sicensed Practical Nurse (LPN) 1, at 2:45 p.m., in the infirmed the physician's orders wed with regard to the use of wheelchair and hipsters. readmitted to the facility on in diagnoses including c Fracture Hip, Mental er's disease, Psychosis, ression Disorder, Cellulitis	F	281	C. What measures will be put into what systematic changes will you to ensure that the deficient practic not recur? Director of Nursing to complete eden RN/LPN/CNA associates by 7/21/compliance with physician orders relieving products in bed/chair/oth room observation audit will be conweakly for first month, then weekly by unit managers, MDS nurses, a nurse to ensure compliance with progressure relieving products in Corrections will be made at time of needed. D. How will the corrective action(smonitored to ensure the deficient practice will not recur; i.e., what quassurance program will be put into the program will be put into the program of the program of the practice will not recur; i.e., what quassurance program will be put into the program of the program o	make is will ducation with 11 to ensure for pressure er. Room-to- inpleted twice y for two months ind wound care ohysician orders bed/chair/other. if audit if i) be uality o place. will be reported or, Medical ctor of if Admissions. Services irector of Manager. Office Manager. Staff thly QA meeting	8/8/2011

DEPARTMENT OF HEALTH AND HU N SERVICES CENTERS FOR MEDICARE & MEDICALD SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED		
		445167	B, WIN	iG 🛨		06/29/	/2011
	ROVIDER OR SUPPLIER	SSVILLE		80	EET ADDRESS, CITY, STATE, ZIP CODE JUSTICE ST ROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 281	recapitulation orde	riew of the physician's ers dated June 2011 revealed in while in bedFloat heels with	F:	281			٨
	the Assistant Director revealed the residence on the right leg and both feet which has Continued observative open areas or toes on the left for revealed one heels the foot of the residence on the left for the residence of the r	ne 28, 2011, at 9:15 a.m., with ctor of Nursing (ADON) ent in bed wearing a leg splint d wearing tight fitting socks on d developed foot drop, ation revealed the resident had at the top of the 2nd and 3rd of. Continued observation protector lying in the chair at ident's bed and the second heel found in the room. Continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident's feet were not with the continued led the resident led the continued led the resident led the continued led the resident led the continued led the continu					
F 312 SS=D	9:15 a.m., in the rephysician's orders 483.25(a)(3) ADL DEPENDENT RE A resident who is daily living receive	ADON on June 28, 2011, at esident's room confirmed the were not followed. CARE PROVIDED FOR SIDENTS unable to carry out activities of es the necessary services to trition, grooming, and personal	F	312	F 312 A. What corrective action(s) will be for those residents found to have be Finger nails of resident #2 were cut CNA and toe nails of resident #13 v 6/28/11 by LPN.	een affected: 6/28/11 by were cut	8/8/2011
	by: Based on medica and interview, the	ENT is not met as evidenced at record review, observation, facility failed to provide nail #13) of twenty-four residents			B. How will you identify other reside having the potential to be affected the same deficient practice and whaction will be taken? RN Unit Mangers completed audit finger and toe nail care 7/12/11. Natrimmed if needed.	by at corrective of all residents'	8/8/2011

DEPARTMENT OF HEALTH AND HL" N SERVICES CENTERS FOR MEDICARE & MEDIC. ... SERVICES

F 312 Continued From page 3 reviewed. The findings included: Resident #2 was admitted to the facility on November 26, 2008, with diagnoses including Failure to Thrive, Senile Dementia, Hypertension, and Depression. Review of the Minimum Data Set (MDS) dated May 3, 2011, revealed the resident had severe cognitive impairment, was non-ambulatory, and dependent on staff for personal hygiene and bathing activities. Observation of the resident's fingernails were long. Observation on June 28, 2011, at 10:45 a.m., revealed the resident entered the shower room with a Certified Nurse Assistant to receive a shower. Observation after the resident's shower on June 28, 2011, at 10:45 a.m., revealed the resident entered the shower on June 28, 2011, at 10:45 a.m., revealed the resident entered the shower on June 28, 2011, at 10:45 a.m., revealed the resident entered the shower on June 28, 2011, at 10:45 a.m., revealed the resident entered the shower on June 28, 2011, at 10:45 a.m., revealed the resident's shower on June 28, 2011, at 10:45 a.m., revealed the resident entered the shower on June 28, 2011, at 10:45 a.m., revealed the resident's shower on June 28, 2011, at 10:45 a.m., revealed the resident's fingernails were long. Interview with the Licensed Practical Nurse (LPN) #2 in the resident's fingernails were long and needed to be trimmed. PASS REFERÊNEDED TO THE APPROPRIATE C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? Director of Nursing will complete education with CNA associates by 72/1/11 to observe and provide nail acre and with will be not recur? Director of Nursing will complete education with CNA associates by 72/1/11 to observe and provide nail acre admits by unit managers, MDS nurses, and wound care nurse to ensure compliance with ADL nail care. Care will be provided at time of audit if needed. Director of Nursing will complete education with CNA associates by 72/1/11 to observe and provide nail care admits by outher		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	
LIFE CARE CENTER OF CROSSVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX TAG			445167	B. WING		06/2	9/2011
F 312 Continued From page 3 reviewed. The findings included: Resident #2 was admitted to the facility on November 26, 2008, with diagnoses including Failure to Thrive, Senile Dementia, Hypertension, and Depression. Review of the Minimum Data Set (MDS) dated May 3, 2011, revealed the resident had severe cognitive impairment, was non-ambulatory, and dependent on staff for personal hygiene and bathing activities. Observation of the resident's fingernalis were long. Observation on June 28, 2011, at 1:15 p.m., and June 28, 2011, at 2:45 p.m., revealed the resident's fingernalis were on June 28, 2011, at 2:45 p.m., revealed the resident's fingernalis were long and needed to be trimmed. P 312 F 312 Continued C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? Director of Nursing will complete ducation with CNA associates by 7/2/111 to observe and provide nail care during showers and report any additional care needs to licensed nurse. Room-bare that the deficient practice will not recur? Director of Nursing will complete seducation with CNA associates by 7/2/111 to observe and provide nail care during showers and report any additional care needs to licensed nurse. Room-bare that the deficient practice will be provide nail care during showers and report any additional care needs to licensed nurse. Room-bare that the deficient practice will not recur? Director of Nursing will complete seducation with CNA associates by 7/2/111 to observe and provide nail care during showers and report any additional care needs to licensed nurse. Room-bare that the deficient practice will be provide at time of audit if needed. Director of Nursing will complete seducation with CNA associates by 7/2/111 to observe and provide nail care during showers and report any additional care needs to licensed nurse. Room-bare that the deficient practice with the corrective action(s) be monitored to ensure the deficient practice with ADL nail care. Provided			SSVILLE		90 JUSTICE ST		
reviewed. The findings included: Resident #2 was admitted to the facility on November 26, 2008, with diagnoses including Failure to Thrive, Senile Dementia, Hypertension, and Depression. Review of the Minimum Data Set (MDS) dated May 3, 2011, revealed the resident had severe cognitive impairment, was non-armbulatory, and dependent on staff for personal hygiene and bathing activities. Observation of the resident's fingernails on June 27, 2011, at 1:15 p.m., and June 28, 2011, at 1:45 a.m., revealed the resident stingernails were long. Observation on June 28, 2011, at 10:45 a.m., revealed the resident entered the shower room with a Certified Nurse Assistant to receive a shower. Observation after the resident's shower on June 28, 2011, at 2:45 p.m., revealed the resident's shower on June 28, 2011, at 2:45 p.m., confirmed the resident's fingernails were long and needed to be trimmed. C. What measures will be put into place or what systematic changes will you make to ensure the deficient practice of Nursing will complete education with CNA associates by 7/21/11 to observe and provide and report any additional nail care needs to licensed nurse. Room-to-room observation and report any additional nail care needs to licensed nurse. Room-to-room observation and will be completed twice weekly for first month, then weekly for two months by unit managers, MDS nurses, and wound care nurse to ensure compiliance with ADL nail care. Care will be provided at time of audit if needed. D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? D. How will the corrective action(s) be monitored to ensure additional nail care needs to licensed report any additional nail care needs to licensed nurse. D. How will the corrective action (s) be monitored to ensure and the resident of activities. D. How will the corrective action (s) be monitored to ensure the deficient practice will not recur;	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
Resident #13 was readmitted to the facility on March 3, 2011, with diagnoses including Aftercare Traumatic Fracture Hip, Mental Disorder, Alzheimer's disease, Psychosis, Hypertension, Depression Disorder, Cellulitis Arm, and Adult Failure to thrive. Medical record review of the Minimum Data Set dated May 30, 2011, revealed the resident had	F 312	reviewed. The findings included Resident #2 was ad November 26, 2008 Failure to Thrive, Se and Depression. Reset (MDS) dated Maresident had severe non-ambulatory, and personal hygiene are Observation of their 27, 2011, at 1:15 p.t. 7:45 a.m., revealed long. Observation of a.m., revealed long. Observation of a.m., revealed their room with a Certifier shower. Observation on June 28, 2011, a resident's fingernals. Interview with the Lift #2 in the resident's fingernals. Interview with the Lift #2 in the resident's fingernals. Resident #13 was remarch 3, 2011, with Aftercare Traumation Disorder, Alzheimer Hypertension, Depream, and Adult Failumedical record review.	Imitted to the facility on with diagnoses including enile Dementia, Hypertension, eview of the Minimum Data ay 3, 2011, revealed the cognitive impairment, was didependent on staff for and bathing activities. The resident's fingernails on June em., and June 28, 2011, at the resident's fingernails were on June 28, 2011, at 10:45 esident entered the shower of Nurse Assistant to receive a on after the resident's shower to 2:45 p.m., revealed the sewere long. The resident's fingernails ed to be trimmed. The resident's fingernails ed to be trimmed. The resident's fingernails ed to be trimmed.	F 312	C. What measures will be put into pla what systematic changes will you mat to ensure that the deficient practice will not recur? Director of Nursing will complete educing complete and care during showers and additional nail care needs to licensed Room-to-room observation audit will be completed twice weekly for first mont weekly for two months by unit manag nurses, and wound care nurse to ensure compliance with ADL nail care. Care provided at time of audit if needed. D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what qualit assurance program will be put into plate. Results of nail care audits will be reported by Executive Director, Medic Director of Nursing, Director of Marke Pharmacist, Director of Admissions, Director of Admissions, Director of Activities, Director of Envir Services, Dietary Manager, Health Info Manager, and Staff Development Cool Monthly QA meeting and corrections and corrections as	cation with ve and report any I nurse. be th, then pers, MDS sure will be ty ace. orted and cal Director. sting, Director of ager, ronmental Maintenance, ordinator in	8/8/2011

DEPARTMENT OF HEALTH AND HL' N SERVICES
CENTERS FOR MEDICARE & MEDICALD SERVICES

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING			COMPLETED	
		445167	B. WIN	IG		06/29	/2011	
	RÖVIDER OR SUPPLIER	SSVILLE		80 🗸	ET ADDRESS, CITY, STATE, ZIP CODE JUSTICE ST OSSVILLE, TN 38555			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	36,000	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	COMPLETION DATE	
F 371 SS=F	cognitive impairmer required assistance living. Observation on Justine Assistant Direct revealed the reside on the right leg and both feet which had Continued observative open areas on toes on the left foor revealed the reside were thick, long, at toes. Interview with the resident's toenails curved under the resident's toenails curved under the resident's food P STORE/PREPARE. The facility musting food for considered satisfal authorities; and	and short term memory, severe nt, was non-ambulatory, and with all activities of daily ne 28, 2011, at 9:15 a.m., with tor of Nursing (ADON) ent in bed wearing a leg splint if wearing tight fitting socks on developed foot drop. In the top of the 2nd and 3rd it. Continued observation ent's toenails on the left foot and curved under the resident's end curved under the resident's esident's room, confirmed the were thick, long, and had esident's toes and needed to record by Federal, State or local distribute and serve food		371	F 371 A. What corrective action(s) will be for those residents found to have be A steel fabricating contractor evaluate refrigerator 7/11/11 for aluminum plaffected by rust. Steel fabrication recompleted 8/8/11. B. How will you identify other reside having the potential to be affected by the same deficient practice and who action will be taken? Dietary Manager will complete education.	een affected: ated walk-in ates for areas spairs will be ents by at corrective	8/8/2011	
	This REQUIREME by:	NT is not met as evidenced			dietary associates by 7/21/11 to en- rusted equipment is reported to sup	sure that	8/8/2011	

DEPARTMENT OF HEALTH AND HU' 'N SERVICES CENTERS FOR MEDICARE & MEDIC. ...) SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		445167	B, WIN	IG		06/2	9/2011
	PROVIDER OR SUPPLIER	DSSVILLE		80	EET ADDRESS, CITY, STATE, ZIP CODE JUSTICE ST ROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 441	failed to maintain the refrigerator in proposition on July the Certified Dietar the walk-in refriger rust. Further observation the metal surface refrigerator floor underligerator. Interview on June Certified Dietary Marefrigerator floor underligerator. Interview on June Certified Dietary Marefrigerator floor winterview confirme surface of the floor surface of the floor surface of the floor surface of the door 483.65 INFECTION SPREAD, LINENS The facility must element of disease and infection Control Pasafe, sanitary and to help prevent the of disease and infection Control Pasafe, sanitary and to help prevent the of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facility must element of disease and infection Control Pasafe, sanitary and the facilit	ation and interview, the facility the dietary department walk-in the dietary department revealed the dietary department revealed the resulting department department department the diagram of the walk-in the dietary department department the resulting department department the resulting department department the resulting department department the resulting department the dietary department th		371	F 371 Continued C. What measures will be put Into put what systematic changes will you must be ensure that the deficient practice not recur? Dietary Manager to complete month audit for three months of walk-in reflensure elimination of rust. Correction made if needed. D. How will the corrective action(s) monitored to ensure the deficient practice will not recur; i.e., what quassurance program will be put into passurance program will be put into passurance. Placetor of Nursing Marketing, Pharmacist, Director of Nursing Marketing, Pharmacist, Director of Activities, Director of Social Service, Rehab Significant Manager, Director Maintenance, Business Off Health Information Manager, and Significant Manager, and Significant Coordinator in Monthly and corrections made as needed. F 441 A. What corrective action(s) will be for those residents found to have be on 6/28/11 nasal cannula was chart stored in bags by CNA for residents and #18. Fan for resident #24 was then removed from room by housely associates, cleaned, and returned to	nake will nly observation frigerator to ons will be be be ality place. tor audits will tive Director, g, Director of Admissions, ervices ector of anager, fice Manager, taff y QA meeting accomplished een affected: nged and s #11, #17, turned off, keeping	8/8/2011 8/8/2011

DEPARTMENT OF HEALTH AND HU' N SERVICES CENTERS FOR MEDICARE & MEDIC. J SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
	, , , , , , , , , , , , , , , , , , , ,		A. BU		G	1	
		445167	B, WII	NG		06/29	/2011
	ROVIDER OR SUPPLIER	SSVILLE		80	EET ADDRESS, CITY, STATE, ZIP CODE 0 JUSTICE ST CROSSVILLE, TN 38555	ं	**
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 441	(3) Maintains a recording spread actions related to in (b) Preventing Spread (1) When the Infect determines that a reprevent the spread isolate the resident (2) The facility must communicable dise from direct contact will tr (3) The facility must hands after each direct contact will tr (3) The facility must hands after each direct contact will tr (3) The facility must hand washing is incordessional practic. (c) Linens Personnel must had transport linens so infection. This REQUIREME by: Based on medical policy review, and imaintain nasal can prevent infection for #18); and failed to	o an individual resident; and ord of incidents and corrective infections. and of Infection tion Control Program esident needs isolation to of infection, the facility must it prohibit employees with a ease or infected skin lesions with residents or their food, if ransmit the disease. It require staff to wash their irect resident contact for which dicated by accepted be. Indicated by accepted be.	F	441	F 441 Continued	mpleted rses, and oxygen orders annula. Room-to- r/15/11 by to ensure nts' fans will ded. llace or lake will libe nth, then lagers, MDS lesidents with rage of nasal f needed. lucation of 1 regarding boom-to-room weekly for imental by residents il Services will ling associates	8/8/2011
		admitted to the facility on			*		
	Tesident#11 Was	admitted to the facility of					

DEPARTMENT OF HEALTH AND HUT AN SERVICES
CENTERS FOR MEDICARE & MEDIC D SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		COMPLETED	
		445167	B. WING		06/2	9/2011
	ROVIDER OR SUPPLIER		80 .	ET ADDRESS, CITY, STATE, ZIP CO JUSTICE ST OSSVILLE, TN 38555	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENT	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 441	10, 2011, with dia Disorder and Diate Disorder and Disorder	gnoses including Mental petes Mellitus. June 27, 2011, at 9:20 a.m., and led an oxygen concentrator with inula stored on the stiffied Nurse Aide #2 on June p.m., in the resident's room eal cannula should be stored in a se. June 27, 2011, at 9:30 a.m., lent in the bed, the oxygen in operation, and the nasal rect contact with the floor.	F 441	D. How will the corrective action monitored to ensure the deficit practice will not recur; i.e., who assurance program will be put Results of nasal cannula and reported and reviewed by Exe Medical Director. Director of Marketing, Pharmacist, Director of Social Service, Rei Manager, Director of Activities Environmental Services, Dieta Director Maintenance, Busine Health Information Manager, and corrections made as need to the program of t	ent at quality t into place. fan audits will be cutive Director. Jursing, Director of or of Admissions. hab Services by Director of ary Manager. ss Office Manager, and Staff Monthly QA meeting	8/8/2011

DEPARTMENT OF HEALTH AND HU" 'N SERVICES CENTERS FOR MEDICARE & MEDIC. J SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
		445167	B. WIN	IG		06/2	9/2011
	ROVIDER OR SUPPLIER	SSVILLE		80	ET ADDRESS, CITY, STATE, ZIP CODE JUSTICE ST COSSVILLE, TN 38555	•	X
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 441	Continued From pa	ge 8	F	141			
	27, 2011, with diagr Obstructive Pulmor	admitted to the facility on April noses including Chronic nary Disease, Sleep Apnea, ailure, and Diabetes Mellitus.			8		
	revealed the reside concentrator was in	ne 28, 2011, at 2:35 p.m., nt in the bed, the oxygen operation, and the nasal ct contact with the floor.					
	June 28, 2011, at 2	ised Practical Nurse #1 on :38 p.m., in the resident's e nasal cannula was to be en not in use.					
×	(and) Nasal Cannua	olicy Oxygen Therapy-Mask & lat revealed "Procedure4. annulas are not in use, store					
*	room, on June 28, 2	dministrator in the conference 2011, at 4:00 p.m., confirmed follow the policy to store nasal when not in use.					
	6, 2010, and readm diagnoses including Pulmonary Disease	idmitted to the facility on April itted on April 4, 2011, with Chronic Obstructive Acute Bronchitis, Asthma, Oxygen, and Depressive					
	revealed the resider	e 28, 2011, at 2:35 p.m., nt in the bed, the oxygen operation, the nasal cannula					

DEPARTMENT OF HEALTH AND HUN N SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

STATEMENT OF DE AND PLAN OF CORI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445167	B, WI	4G		06/2	9/2011
NAME OF PROVIDE		PSSVILLE		80.	ET ADDRESS, CITY, STATE, ZIP CODE JUSTICE ST OSSVILLE, TN 38555		
	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUILL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
was was obse accu the fi cove debri Inter 28, 2 fan v (fan) Inter 2011	blowing direct revation reveal mulation of ha an, observation red with an action. view with the revas the reside "was dirty." view with the action was the reside to a dirty."	resident, and a table top fan ly onto the resident. Further led the fan grate had an anging debris. After stopping in revealed the fan blades were comulation of blackened resident, at 2:35 p.m., on June sident's room, confirmed the int's personal property and it leadministrator, on June 28, in the resident's room, grate and blades were not		441			